

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 6458
1219

FILED FEB 23 1949

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17			
d. FULL NAME OF HOSPITAL OR INSTITUTION 7722 S. Broadway				d. STREET ADDRESS (If rural, give location) 77226 S. Broadway					
3. NAME OF DECEASED (Type or Print) Herman		a. (First)		b. (Middle)		c. (Last) Mehrtens			
4. DATE OF DEATH (Month) (Day) (Year) Feb. 8 1949		5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed			
8. DATE OF BIRTH July 22, 1886		9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe worker		11. BIRTHPLACE (State or foreign country) Illinois			
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Henry Mehrtens		13b. MOTHER'S MAIDEN NAME Caroline Unknown		14. NAME OF HUSBAND OR WIFE Helen Mehrtens			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Esther Scocco 7722 S. Broadway					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, Secondary DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None 88				INTERVAL BETWEEN ONSET AND DEATH 1 hr. 4 yrs. ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 321X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Dec 14, 1945, to Feb 8, 1949, that I last saw the deceased alive on Jan 8, 1949, and that death occurred at 12:30 PM from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Mitchel L. Bartmink M.D.		23b. ADDRESS 7629 So. Broadway		23c. DATE SIGNED 2/8/49					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 10, 1949		24c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery		24d. LOCATION (City, town, or county) (State) Lemay 23, Missouri.			
DATE REC'D BY LOCAL REG. FEB 9 1949		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U. & L. Co. 7814 S. Broadway		ADDRESS St. Louis, Missouri.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

abc
123456789

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____

working under my personal supervision.

Signed _____

Louis C. Hoffmeister

Signed _____
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address. 7814 S Broadway

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.